12/18/2009 13:13

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2009 30 2009 1 1 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Barney Greenberg, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM 12 18 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 17

Write or Type Committee Name American Podiatric Medical Association Political Action Committee

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1 2009^{Y} Y		322169.33
(b) Cash on Hand at Begining of Reporting Period	342091.85	
(c) Total Receipts (from Line 19)	17345.00	421131.50
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	359436.85	743300.83
Total Disbursements (from Line 31)	16000.00	399863.98
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	343436.85	343436.85
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 17

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period:

From:

^D 0 1

2009

та:

м°м 11 D D D

^Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	5850.00	260543.00
(ii) Unitemized	11495.00	158588.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17345.00	419131.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	1000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17345.00	420131.50
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17345.00	421131.50
Total Federal Receipts (subtract Line 18(c) from Line 19)	17345.00	421131.50

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 17

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	61006.00
	Expenditures(c) Total Operating Expenditures	0.00	61906.23
	(add 21(a)(i), (a)(ii) and (b))	0.00	61906.23
22.	Transfers to Affiliated/Other Party		
3	Contributions to	0.00	0.00
.0.	Federal Candidates/Committees and Other Political Committees	16000.00	336960.25
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
.J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use schedule i)		
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	212.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	212.50
	(add Lines 20(a), (b), and (c))	* * * * * * * * * * * * * * * * * * * *	
9.	Other Disbursements	0.00	785.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16000.00	399863.98
20	Total Fodoral Diaburage anta		
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	16000.00	399863.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 17

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33. Total Contributions (other than loans) from Line 11(d), page 3)	. 17345.00	420131.50	
34. Total Contribution Refunds (from Line 28(d))	0.00	212.50	
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17345.00	419919.00	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	61906.23	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	61906.23	

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sched for each category of Detailed Summary R	the Concert only one)
A	ny information copied from such Reports and so for commercial purposes, other than using the	Statements may not be sold or used by e name and address of any political co	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Martha A. Jackson		Date of Receipt
	Mailing Address 1305 N. Pointe Ln.		111 / 02 / 7 7 7 7
	City	State Zip Code	Transaction ID: 17658219
	North Little Rock FEC ID number of contributing federal political committee.	AR 72118-2367	Amount of Each Receipt this Period 500.00
	Name of Employer Crestwood Foot Clinic	Occupation Podiatric Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
	Full Name (Last, First, Middle Initial) Dr. Calvin P. Britton, III Mailing Address 787 Buena Vista		Date of Receipt
			11 02 2009
	City	State Zip Code	Transaction ID: 17658221
	Hot Springs FEC ID number of contributing federal political committee.	AR 71913-9605	Amount of Each Receipt this Period 100.00
	Name of Employer Foot & Ankle Associates of Central AR	Occupation Podiatric Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
_	Full Name (Last, First, Middle Initial) Dr. Michael K. James		Date of Receipt
	Mailing Address 7703 Bowman Ln.		11 / 02 / 2009
	City	State Zip Code	Transaction ID: 17658225
	Idaho Falls	ID 83406-8340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Teton Foot & Ankle Center	Occupation Podiatric Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
	SUBTOTAL of Receipts This Page (optional) .	1	850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any person the name and address of any political committee to ation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bonnie Tatar Mailing Address 115 Cardinal Cir. City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Tatar Podiatry Group Receipt For: Primary General Other (specify)	State Zip Code PA 15237-1067 C Occupation Podiatric Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Harvey R. Jacobs Mailing Address 791 Dow Rd. City Bridgewater FEC ID number of contributing federal political committee. Name of Employer Quality Foot Care Center Receipt For: Primary General Other (specify)	State Zip Code NJ 08807-1168 C Occupation Podiatric Physician Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Wesley N. Taxier Mailing Address 1526 W. Islandia Di City Gilbert FEC ID number of contributing federal political committee. Name of Employer Hu Hu Kam Memorial Hospital Receipt For: Primary General Other (specify)	T. State Zip Code AZ 85233-7013 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) >	750.00

SCHEDULE A (FEC Form	for De	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 8 / 17 (check only one) X
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Podiatric Medical A	n using the name and address o	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initia Dr. Brian K. Wagner			Date of Receipt
Mailing Address 345 Hampton	Ct.		1 1 1 3 2 0 0 9
City	State Z	ip Code	Transaction ID: 17703101
Newington	CT 0	6111-1148	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Podiatric Phys	ician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia Dr. Benedict C. Valentine, II]		Date of Receipt
Mailing Address 206 Coldbroo	k Rd.		11 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		ip Code	Transaction ID: 17703102
South Glastonbury	CT 0	6073-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Comprehensive Foot Care, LLC	Occupation Podiatric Phys	ician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 300.00	
Full Name (Last, First, Middle Initia Dr. David M. Moss	1)		Date of Receipt
Mailing Address 4740 Bonnie	Ct.		1 1 1 7 2 0 0 9
City		ip Code	Transaction ID: 17705710
West Bloomfield		8322-4467	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Podiatric Phys	ician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements made and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associati	on Political A	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Dr. Philip P. Alway Mailing Address 5395 Bay Pointe Ct.			Date of Receipt
				11 7 7 2009
	City Eureka	State CA	Zip Code 95503-2400	Transaction ID: 17705713 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Redwood Podiatry Group	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Dr. David L. Kittelson Mailing Address 6821 Highover Dr.	1		Date of Receipt
				11 19 2009
	City Chanhassen	State MN	Zip Code 55317-7568	Transaction ID: 17712044 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Dr. Marc A. Weiner			Date of Receipt
	Mailing Address 2035 Wickford Ct.			11 20 2009
	City	State	Zip Code	Transaction ID: 17712877
	Bloomfield Hills FEC ID number of contributing federal political committee.	C	48304-1088	Amount of Each Receipt this Period 150.00
	Name of Employer Self-Employed	Occupatio Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .	1		550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associations and the commercial purposes are not provided in the commercial purposes.	nd Statements may not be sold or used by any person the name and address of any political committee to a ation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jac R. Tiechner		Date of Receipt
Mailing Address 612 Daniels		11 20 2009
City	State Zip Code	Transaction ID: 17712879
Wenatchee	WA 98802-4036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Foot & Ankle Center of We-	Occupation Podiatric Physician	
natchee Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		Date of Descript
Dr. Stephen A. Byrne Mailing Address 5735 Riverwood Dr	·	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17712889
<u>Atlanta</u>	GA 30328-3726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James N. Whipple	I	Date of Receipt
Mailing Address 48 Val Halla Rd.		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: 17714054
Cumberland Center	ME 04021-4033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self-Employed (ret)	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	al)	650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any perso using the name and address of any political committee to esociation Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jane E. Andersen Mailing Address 1906 N. Hawic City Chapel Hill FEC ID number of contributing federal political committee. Name of Employer Chapel Hill Foot & Ankle Assoc. Receipt For:		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Brian M. Brausa Mailing Address 408 Lake St., I		Date of Receipt 1 1 2 3 2 0 0 9
City Roscommon FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code MI 48653-0949 C Occupation Podiatric Physician Aggregate Year-to-Date 250.00	Transaction ID: 17715919 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Donald G. Hovancsek Mailing Address 7520 Sandy Policity Olympia FEC ID number of contributing		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (o	ptional)	600.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 17 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any personant the name and address of any political committee to ation Political Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Lindsay D. Barth Mailing Address 3120 Hawthorne Blv	vd	Date of Receipt
City Saint Louis	State Zip Code MO 63104-1606	Transaction ID: 17718657 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tesson Ferry Foot & Ankle Receipt For: Primary General Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. David William McGovern Mailing Address 150 Kennedy Dr.		Date of Receipt 1 1 2 7 2 0 0 9
City	State Zip Code	Transaction ID: 17718662
South Burlington FEC ID number of contributing federal political committee.	VT 05403-6749	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gene J. Pusateri		Date of Receipt
Mailing Address 33 Redfern Dr.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code OH 44505-1651	Transaction ID: 17720911
Youngstown FEC ID number of contributing federal political committee.	OH 44505-1651	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	l)	1000.00

A.

В.

PAGE 13 / 17 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Tiffany A.S. Hauptman Date of Receipt Mailing Address 1512 S. Spruce Ave. 30 2009 1.1 City State Zip Code Transaction ID: 17720913 Mount Pleasant IΑ 52641-2731 Amount of Each Receipt this Period FEC ID number of contributing 150.00 C federal political committee. Name of Employer Self-Employed Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. Jeffrey J. Rock Date of Receipt Mailing Address 7 Alan Dr. 30 2009 City State Zip Code Transaction ID: 17743298 **Bristol** RI 02809-3901 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Medical Associates of Rho-Occupation Podiatric Physician <u>de Island</u> Receipt For: Aggregate Year-to-Date Primary General

250.00

SUBTOTAL of Receipts This Page (optional)	•	400.00
TOTAL This Period (last page this line number only)	<u> </u>	5850.00

Other (specify)

SCHEDULE B (FEC Form 3X)

1			-		arate schedule(s)			eck only	/ one)			Г.	7101	14 /	17
		SBURSEMEN		Detailed	category of the Summary Page		À	21b 27	22 28a	X	23 28b	24 28	c 🗀	25 29	2 3
or fo	or commercial pu	ed from such Report rposes, other than us													5
1 \	NAME OF COM	, ,													
	American Podi	iatric Medical Ass	ociation Po	litical Act	tion Committee)									
	Full Name (Last, Mike Castle fo	First, Middle Initial) r Senate							Date	of Di	sburse		34527	7	
	Mailing Address	2 Mill Road Ste. 108							1 1	М	^D 0	^D 4	Y	2009) Y
	City Wilmington			State DE	Zip Code 19806				Amou	int of	Each	Disbur	semer	nt this F	Period
	Purpose of Disbu	ırsement				Г	01				-		20	00.00)
	Candidate Name Mr. Michael Ca	astle				Ca	-	ory/							
	Office Sought:	House X Senate President	Disburser	ment For: Primary Other (spe	2010 X General										
	State: DE	District:													
	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress								Date	of Di	sburse				V
	Mailing Address 2525 N Baker Dr							1 1	М	^D 0	6	Ý 2	2009) \	
	City Canby			State OR	Zip Code 97013				Amou	int of	Each	Disbur			
	Purpose of Disbursement						011 Category/ Type						1(00.00)
	Candidate Name Rep. Kurt Schrader														
	Office Sought: State: OR	X House Senate President District: 05	Disburser X	ment For: Primary Other (spe	2010 General										
		First, Middle Initial)							Trans	acti	on ID:	1769	94287	7	
	DAN10									of Di	sburse		γ ,	ΥΥΥ	Υ
	Mailing Address 841 Bishop St. Ste 1601								1 1		0	6	2	2009)
	City Honolulu			State HI	Zip Code 96813				Amou	ınt of	Each	Disbur	semer	nt this F	Period
	Purpose of Disbursement						01		L.	_			10	00.00)
	Candidate Name Sen. Daniel K. Inouye					Ca	ategory/ Type	ory/							
	Office Sought:	House X Senate President	Disburser X	ment For: Primary Other (spe	2010 General										
	State: HI	District:			· 										

ITI			Jse sepa	arate schedule(s)			NUMBER:	1710	GE 15/17
	EMIZED DISBURSEMEI	NTS fo	or each	category of the Summary Page		eck only 21b 27	22 X 23 28a 28b	24 28c	25 29
	r Information copied from such Report or commercial purposes, other than u								
	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass								
	Full Name (Last, First, Middle Initial) Martin Heinrich For Congress, I	nc.					Transaction II Date of Disbur		181
	Mailing Address 2118 Central #71			1 1 D	1 1 Y	^Y 0 0 9 Y			
	City Albuquerque	Stat NM		Zip Code 87106			Amount of Eac		
	Purpose of Disbursement				011				1000.00
	Candidate Name Rep. Martin Heinrich Office Sought: X House	Disburseme	nt For:	2010	Catego Type	•			
	Office Sought: X House Senate President State: NM District: 01	X Pri	imary	General ecify)					
	Full Name (Last, First, Middle Initial) Van Hollen For Congress			Transaction II Date of Disbur		182			
	Mailing Address 10605 Conco				11 1	1 1 Y	ž 0 0 9 °		
	City Kensington	Stat MD		Zip Code 20895			Amount of Eac	h Disbursem	nent this Perio
									2500.00
	Purpose of Disbursement				011				2300.00
	Purpose of Disbursement Candidate Name Rep. Chris Van Hollen				011 Catego Type				2300.00
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	_	BURSEMENT	Detaile	th category of the ed Summary Page			21b 27	22 28a	X 23 28		c 🗆	25 29	
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	Mailing Address	P. O. Box 50614 Suite C5						11		11		009	_
	City Henderson		State NV	Zip Code 89016				Amou	int of Ea	ch Disbur	sement	this P	eric
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	Candidate Name Rep. Dina Titus				Ca	011 ategor Type	ry/						
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29				
Any Information copied from such Reports and State or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)							
American Podiatric Medical Association	Political Action Committee						
Full Name (Last, First, Middle Initial) Michaud For Congress			Transaction ID: 17700987 Date of Disbursement				
Mailing Address 213 Lisbon Street			111 / 11 / 2009				
City Lewiston	State Zip Code ME 04240		Amount of Each Disbursement this Perio				
Purpose of Disbursement		011	1500.00				
Candidate Name Rep. Michael H. Michaud		Category/ Type					
X	sement For: 2010 C Primary General Other (specify)						
State: ME District: 02 Full Name (Last, First, Middle Initial)							
Akaka In 2012			Transaction ID: 17701555 Date of Disbursement				
Mailing Address PO Box 3169			04				
City Honolulu	State Zip Code HI 96802		Amount of Each Disbursement this Perio				
Purpose of Disbursement Funds Reported On May 20 Monthly Report		011	1000.00				
Candidate Name Sen. Daniel Akaka		Category/ Type					
X Senate President	sement For: 2010 Primary General Other (specify)		MEMO ITEM] Funds Reported On May 20 Monthly Report				
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City Honolulu	State Zip Code HI 96802		Amount of Each Disbursement this Period				
Purpose of Disbursement Re-designated funds for trans. dated 04/30/2009	Γ	011	1000.00				
Candidate Name Sen. Daniel Akaka		Category/	MEMO ITEM				
ÿ 🗎 I	sement For: 2012 (Primary General Other (specify)		MEMO ITEM] Re-designated funds for rans. dated 04/30/2009				
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SUBTOTAL of Disbursements This Page (optiona)		1500.00				
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